

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

**APPLICATION FOR A CLASS C - CHARTER  
BUS CERTIFICATE FROM LUXURIOUS  
LIMOUSINE SERVICE**

**BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2010 - 129 - I

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: FRANCISCO J VIZCARRA

Telephone: 843 458-0987

Address: 234 CLANDON DRIVE

Fax: 843 903-3251

MYRTLE BEACH, SC 29579

Other:

Email: PENALOZAE@YAHOO.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate             |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority                |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.)      |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus   | <input type="checkbox"/> Request to Amend Passenger Limit                   |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request  |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit  |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                                 |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter   |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                     |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                              |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                                 |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response   |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                                 |
| <input type="checkbox"/> Request for Reinstatement  | <input checked="" type="checkbox"/> Other: PLEASE EXPEDITE THIS APPLICATION |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

FAX: (803) 896-5199

**APPLICATION FOR CLASS C - CHARTER BUS CERTIFICATE****CLASS C - CHARTER BUS**Date: March 30, 2010

Application is hereby made for a Class C - Charter Bus Certificate.

*Francisco Vizcarra dba*

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

LUXURIOUS LIMOUSINE SERVICE2374 CLANDON DRIVE, MYRTLE BEACH, SC 29579

Street Address of Applicant

PO BOX 51672, MYRTLE BEACH, SC 29579

Mailing Address of Applicant if different from street address

843 458-0987

Phone

843 903-3251

FAX

PENALOZAE@YAHOO.COM

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship☐ Partnership - List names and address of all person having an interest in the business.☐ Corporation - List names and addresses of two principal officers.



**Exhibit FWA****LUXURIOUS LIMOUSINE SERVICE**

Name

U.S.D.O.T No.

ICC No.

**1. Does Applicant have a Safety Rating from the U.S.D.O.T.?**☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☒ Satisfactory ☐ Conditional ☐ Unsatisfactory**2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?**☐ Yes ☒ No**3. Are there currently any outstanding judgments against the Applicant?**☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

**4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?**☒ Yes ☐ No**5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?**☒ Yes ☐ No

**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

LUXURIOUS LIMOUSINE SERVICE

Name of Motor Carrier

2374 CLANDON DRIVE, MYRTLE BEACH, SC 29579

Address of Motor Carrier

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 8,500.<sup>00</sup>

Limits \$500,000.<sup>00</sup>

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

**16 or More Passengers \$ 25,000/300,000/25,000**

CORNHUSKER CASUALTY COMPANY

Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3/30/10  
Date

Emilio Rodriguez  
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

HORRY

Applicant's Signature

I,

Name of Applicant's Representative

Title

of

Applicant

the Applicant for the Charter Bus Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Signature of Applicant's Representative

SWORN TO BEFORE ME  
This 30<sup>th</sup> day of March, 2010

Notary Public

Commission Expires